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(Re	questor's Name)					
(Ad	dress)					
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(Cit	y/State/Zip/Phone	e #)				
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COVER LETTER

TO:		tration Section on of Corporations						
SUBJE	ECT: _	Fresno LLC						
		Name of Limited Liability Company						
Dear S	Sir or Ma	adam:						
The en	closed I	Registered Agent/Registered Office Ch	ange a	nd fee(s) are submitted for filing.				
Please	return a	all correspondence concerning this matt	er to ti	ne following:				
Alfredo) Fresno							
		Name of Person						
Fresno	LLC							
		Firm/Company						
1401 R	eed Cana	al Road 17102						
		Address						
Port Or	range, F1	, 32129						
		City/State and Zip Code						
mail@f	fres.llc							
Е	E-mail ac	ddress: (to be used for future annual rep	ort no	tification)				
For fur	ther info	ormation concerning this matter, please	call:					
Alfredo) Fresno	at (305	920-1000				
		Name of Person		Area Code & Daytime Telephone Number				
	Regis Divisi P.O. I	ng Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclos	sed is a check for the following amou	nt:					
	\$ 25	Filing Fee		\$55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. (a)	1401 Reed Canal Road 17102	(b)		ed Canal Road	17102	
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(0)		_	s of limited liability company: Y BE POST OFFICE BOX)
	Port Orange, FL 32129	_	-	Port Oran	nge, FL, 32129	
	09/01/2021	_	1.5	21000365	5945	
	Date of filing/registration in Florida	4.	_		Document r	number
	Alfredo Fresno					
(a)	Registered Agent and Registered Office shown on the records of the	ne Florio	da D	ept. of Sta	 ate:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>55)</u>		_	
·	1401 Reed Canal Road 17108					202 Se
	Port Orange FL	32129			_	TOCT WALL
(b)	Alfredo Fresno				_	Z8 PH 3: ANHASSEE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	ddr	ess:		FILED 2021 OCT 28 PM 3: 05 SECRETARY OF STATE STALLAHASSEE. FL
	NEW Registered Office Address:			_		1.,
	1401 Reed Canal Road 17102				_	
	Port Orange FL	32129				
ange ent v is/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register offity c of the fir imited	red om mite lia	office a pany, it ed liabili	nd the busines is hereby con ity company c mpany.	ss office of the registered firmed that the change(s)
Signa	ture of a member of authorized representative of a member				Printed or typ	ped name of signee
ovisi v obl mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change.	eriorn	117771	ce ot m	rauties, and L	-am tamiiiar wun ana acci
	re of Registered Agent					